

# United States District Court

NORTHERN DISTRICT OF CALIFORNIA

ADR

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CLERK  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

ESTATE OF DAVID BURKHART, by and through  
Sally A. Burkhart, as the personal representative

## SUMMONS IN A CIVIL CASE

CASE NUMBER:

v.

UNITED STATES DEPARTMENT OF  
VETERANS AFFAIRS; and DOES 1 TO 50,  
inclusive

C07 05467  
JCS

TO: (Name and address of defendant)

U.S. Department of Veterans Affairs  
VA Medical Center, Bldg. 210  
4150 Clement Street  
San Francisco, CA 94121

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

SALLY BURKHART  
As Personal Representative of  
The Estate of David Burkhart  
483 Nottingham Way  
Campbell, California 95008

an answer to the complaint which is herewith served upon you, within 90 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

DATE OCT 26 2007

Tiffany Salinas-Harwell

(BY) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

<b>RETURN OF SERVICE</b>	
<div style="text-align: right;">DATE _____</div>	
Service of the Summons and Complaint was made by me <sup>1</sup>	
Name of SERVER _____	TITLE _____
<p style="text-align: center;"><i>Check one box below to indicate appropriate method of service</i></p>	
<input type="checkbox"/> Served Personally upon the Defendant. Place where served: _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">SENDER: COMPLETE THIS SECTION</div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>R</b> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.           </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>C</b> </div>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">COMPLETE THIS SECTION ON DELIVERY</div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>A. Signature</b>  <div style="border: 1px solid black; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 2em; font-weight: bold;">X</div> </div> <div style="width: 35%;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <b>B. Received by (Printed Name)</b>  <div style="border: 1px solid black; padding: 2px;">Cavita</div> </div> <div style="width: 35%;"> <b>C. Date of Delivery</b>  <div style="border: 1px solid black; padding: 2px;">2/19/08</div> </div> </div> <div style="margin-top: 5px;"> <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </div> </div>
<div style="border: 1px solid black; padding: 5px;"> <b>1. Article Addressed to:</b>            Civil Process Clerk            U.S. Attorneys Office            U.S. Dept. of Justice            9th Floor Federal Bldg            450 Golden Gate Ave. Box 36055            San Francisco, CA. 94102         </div>	<div style="border: 1px solid black; padding: 5px;"> <b>3. Service Type</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail           </div> <div style="width: 45%;"> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.           </div> </div> </div>
<div style="border: 1px solid black; padding: 5px;"> <b>2. Article Number</b>  <i>(Transfer from service label)</i> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes         </div>
<div style="display: flex; justify-content: space-between;"> <div>PS Form 3811, February 2004</div> <div>Domestic Return Receipt</div> <div>102595-02-M-1540</div> </div>	
<p style="text-align: center;">I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p>	
Executed on _____ <div style="text-align: center;">Date</div>	_____ <div style="text-align: center;">Signature of Server</div> _____ <div style="text-align: center;">Address of Server</div>
<p>(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure</p>	